

WASHINGTON STATE WORK STUDY PROGRAM

Date Entered
(HECB)

EMPLOYER INFORMATION CHANGE REQUEST FORM

Employer Name: _____

Employer Federal ID Number: _____

Business name and Federal ID number must match current State Work Study contract.

Employer Information: *This form cannot be used if both the Federal ID number and the business name change.*

A new contract must be submitted to the school.

New Employer Name: _____

New Federal ID Number: _____

Telephone Number: _____ New Contact Person: _____

New Address: _____

Date Change Takes Effect: _____

Pay Rate Information: *The HECB reviews pay ranges that exceed \$15.00 per hour. This form cannot be used if the job title or job duties change. A new job description must be submitted to the school.*

Name of Student's School: _____

Position Number: _____ Job Title: _____

Old Pay Range: \$_____ to \$_____ Ending Date: _____

New Pay Range: \$_____ to \$_____ Beginning Date: _____

Comments: _____

Employer Signature _____ Date _____

School's Signature _____ Date _____

Please return completed form to the student's school.